

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

10/2005

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 60068.5WOU1

Box No. I TITLE OF INVENTION

METHODS OF DETECTING GENE EXPRESSION IN NORMAL AND CANCEROUS CELLS

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	<input type="checkbox"/> This person is also inventor
EMORY UNIVERSITY 1380 South Oxford Road, N.E. Atlanta, Georgia 30322- United States of America	Telephone No.
	Facsimile No.
	Telex/Teletype No.

State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of:	<input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	<input type="checkbox"/> This person is: <input checked="" type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
YANG, Lily United States of America	

State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of:	<input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:	<input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative
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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	Telephone No. (612) 336-4711
BRUESS, Steven C. Merchant & Gould P.C. P.O. Box 2903 Minneapolis, Minnesota 55402-0903 United States of America	Facsimile No. (612) 336-4751
	Telex/Teletype No.

Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS	
<i>If none of the following sub-boxes is used, this sheet is not to be included in the request.</i>	
Name and address BAO, Gang United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (<i>If this check-box is marked, do not fill in below.</i>)
State (i.e. country) of nationality: US	State (i.e. country) of residence:
This person is applicant for the purposes of: all designated States	<input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
Name and address STALEY, Charles United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (<i>If this check-box is marked, do not fill in below.</i>)
State (i.e. country) of nationality: US	State (i.e. country) of residence:
This person is applicant for the purposes of: all designated States	<input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
Name and address COHEN, Cynthia United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (<i>If this check-box is marked, do not fill in below.</i>)
State (i.e. country) of nationality: US	State (i.e. country) of residence:
This person is applicant for the purposes of: all designated States	<input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
Name and address State (i.e. country) of nationality: State (i.e. country) of residence:	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (<i>If this check-box is marked, do not fill in below.</i>)
This person is applicant for the purposes of: all designated States	<input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (*mark the applicable check-boxes; at least one must be marked*):

Regional Patent

- AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- EP European Patent: AT Austria, BE Belgium, BG Republic of Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Republic Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania SE Sweden, SK Slovak Republic, SL Slovenia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)

National Patent (*if other kind of protection or treatment desired, specify on dotted line*):

<input type="checkbox"/> AE United Arab Emirates	<input type="checkbox"/> LC Saint Lucia
<input type="checkbox"/> AG Antigua and Barbuda	<input type="checkbox"/> LK Sri Lanka
<input type="checkbox"/> AL Albania	<input type="checkbox"/> LR Liberia
<input type="checkbox"/> AM Armenia	<input type="checkbox"/> LS Lesotho
<input type="checkbox"/> AT Austria and utility model	<input type="checkbox"/> LT Lithuania
<input type="checkbox"/> AU Australia	<input type="checkbox"/> LU Luxembourg
<input type="checkbox"/> AZ Azerbaijan	<input type="checkbox"/> LV Latvia
<input type="checkbox"/> BA Bosnia and Herzegovina	<input type="checkbox"/> MA Morocco
<input type="checkbox"/> BB Barbados	<input type="checkbox"/> MD Republic of Moldova
<input type="checkbox"/> BG Bulgaria	<input type="checkbox"/> MG Madagascar
<input type="checkbox"/> BR Brazil	<input type="checkbox"/> MK The former Yugoslav Republic of Macedonia
<input type="checkbox"/> BW Botswana	<input type="checkbox"/> MN Mongolia
<input type="checkbox"/> BY Belarus	<input type="checkbox"/> MW Malawi
<input type="checkbox"/> BZ Belize	<input type="checkbox"/> MX Mexico
<input type="checkbox"/> CA Canada	<input type="checkbox"/> MZ Mozambique
<input type="checkbox"/> CH and LI Switzerland and Liechtenstein	<input type="checkbox"/> NA Namibia
<input type="checkbox"/> CN China	<input type="checkbox"/> NO Norway
<input type="checkbox"/> CO Columbia	<input type="checkbox"/> NZ New Zealand
<input type="checkbox"/> CR Costa Rica	<input type="checkbox"/> OM Oman
<input type="checkbox"/> YU Serbia and Montenegro	<input type="checkbox"/> PG Papua New Guinea
<input type="checkbox"/> CU Cuba	<input type="checkbox"/> PH Philippines
<input type="checkbox"/> CZ Czech Republic and utility model	<input type="checkbox"/> PL Poland
<input type="checkbox"/> DE Germany and utility model	<input type="checkbox"/> PT Portugal
<input type="checkbox"/> DK Denmark and utility model	<input type="checkbox"/> RO Romania
<input type="checkbox"/> DM Dominica	<input type="checkbox"/> RU Russian Federation
<input type="checkbox"/> DZ Algeria	<input type="checkbox"/> SC Seychelles
<input type="checkbox"/> EC Ecuador	<input type="checkbox"/> SD Sudan
<input type="checkbox"/> EE Estonia and utility model	<input type="checkbox"/> SE Sweden
<input type="checkbox"/> EG Egypt	<input type="checkbox"/> SG Singapore
<input type="checkbox"/> ES Spain	<input type="checkbox"/> SK Slovakia and utility model
<input type="checkbox"/> FI Finland and utility model	<input type="checkbox"/> SL Sierra Leone
<input type="checkbox"/> GB United Kingdom	<input type="checkbox"/> SY Syria
<input type="checkbox"/> GD Grenada	<input type="checkbox"/> TJ Tajikistan
<input type="checkbox"/> GE Georgia	<input type="checkbox"/> TZ Tanzania
<input type="checkbox"/> GH Ghana	<input type="checkbox"/> TM Turkmenistan
<input type="checkbox"/> GM Gambia	<input type="checkbox"/> TN Tunisia
<input type="checkbox"/> HR Croatia	<input type="checkbox"/> TR Turkey
<input type="checkbox"/> HU Hungary	<input type="checkbox"/> TT Trinidad and Tobago
<input type="checkbox"/> IN India	<input type="checkbox"/> UA Ukraine
<input type="checkbox"/> ID Indonesia	<input type="checkbox"/> UG Uganda
<input type="checkbox"/> IL Israel	<input type="checkbox"/> US United States of America
<input type="checkbox"/> IS Iceland	<input type="checkbox"/> UZ Uzbekistan
<input type="checkbox"/> JP Japan	<input type="checkbox"/> VC Saint Vincent and the Grenadines
<input type="checkbox"/> KE Kenya	<input type="checkbox"/> VN Viet Nam
<input type="checkbox"/> KG Kyrgyzstan	<input type="checkbox"/> ZM Zambia
<input type="checkbox"/> KP Democratic People's Republic of Korea	<input type="checkbox"/> ZA South Africa
<input type="checkbox"/> KR Republic of Korea	<input type="checkbox"/> ZW Zimbabwe
<input type="checkbox"/> KZ Kazakhstan	

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all designations which would be permitted under the PCT except the designation(s) of The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.					
Filing date of earlier application (day/month/year) item (1) 13 January 2003 (13.01.2003)		Where earlier application is: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">national application: country</td> <td style="width: 33%; padding: 2px;">regional application: regional Office</td> <td style="width: 33%; padding: 2px;">international application: receiving Office</td> </tr> </table>			national application: country	regional application: regional Office	international application: receiving Office
national application: country	regional application: regional Office	international application: receiving Office					
item (2)							
item (3)							
<input checked="" type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)							
<i>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which the earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</i>							
Box No. VII INTERNATIONAL SEARCHING AUTHORITY							
Choice of International Searching Authority (ISA) <i>(If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):</i> ISA / US		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year): 01/13/2003 Number: 60/439,771 Country (or regional Office): US					
Box No. VIII CHECK LIST; LANGUAGE OF FILING							
This international application contains the following number of sheets: request : 4 description (excluding sequence listing part) : 31 claims : 7 abstract : 1 drawings : 17 sequence listing part of description :		This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input checked="" type="checkbox"/> Other (specify): Gen. Transmittal (in dupl) Return Postcard					
Figure of the drawings which should accompany the abstract:		Language of filing of the international application: English					
Box No. IX SIGNATURE OF APPLICANT OR AGENT							
<i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i>							
By _____ Steven C. Bruess							
For receiving Office use only							
1. Date of actual receipt of the purported international application: 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: 4. Date of timely receipt of the required corrections under PCT Article 11(2): 5. International Searching Authority ISA/			2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received: 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid				
For International Bureau use only							
Date of receipt of the record copy by the International Bureau:							